



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>3</b>	Length of Route (miles per day) <b>51</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>4362</b>	License # <b>347</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>5</b>	Length of Route (miles per day) <b>52</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>2231</b>	License # <b>333</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>6</b>	Length of Route (miles per day) <b>41.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>5703</b>	License # <b>495</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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All Routes

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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>4</b>	Length of Route (miles per day) <b>30.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>9367</b>	License # <b>233</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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October 15

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\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>7</b>	Length of Route (miles per day) <b>16.3</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0482</b>	License # <b>323</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>2</b>	Length of Route (miles per day) <b>128.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0167</b>	License # <b>375</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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**Rate Per Mile**  
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County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Troy Public Schools</b>	Legal Entity Number <b>0519 0520</b>
Route # <b>1</b>	Length of Route (miles per day) <b>89.7</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>75</b>
Vehicle I.D. # <b>1678</b>	License # <b>444</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0519	Legal Entity 0520	Legal Entity	Legal Entity
% 60.00	% 40.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
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October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>6</b>	Length of Route (miles per day) <b>161.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>88</b>
Vehicle I.D. # <b>0507</b>	License # <b>F675</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>15</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>59</b>
Vehicle I.D. # <b>2148</b>	License # <b>H427</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>18A</b>	Length of Route (miles per day) <b>30</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>4896</b>	License # <b>D516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>3</b>	Length of Route (miles per day) <b>28</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>3826</b>	License # <b>H423</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>11B</b>	Length of Route (miles per day) <b>42</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0105</b>	License # <b>E540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>13</b>	Length of Route (miles per day) <b>40</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0022</b>	License # <b>D627</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>11</b>	Length of Route (miles per day) <b>40</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0105</b>	License # <b>E540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>19</b>	Length of Route (miles per day) <b>36</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>6593</b>	License # <b>E538</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>10</b>	Length of Route (miles per day) <b>42</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>8029</b>	License # <b>H428</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



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PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>18b</b>	Length of Route (miles per day) <b>42</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>4896</b>	License # <b>D516</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>11A</b>	Length of Route (miles per day) <b>44</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>0105</b>	License # <b>E540</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>16</b>	Length of Route (miles per day) <b>44</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>1198</b>	License # <b>H430</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<b>Contractor Owned</b> <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
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PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
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School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>4</b>	Length of Route (miles per day) <b>54</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>6601</b>	License # <b>E539</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Date





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Linda McCulloch, Superintendent  
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Helena, MT 59620-2501

Combined School District Application  
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State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>1</b>	Length of Route (miles per day) <b>47</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>8027</b>	License # <b>H429</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
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School Year 2003 - 2004

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>2</b>	Length of Route (miles per day) <b>49</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>77</b>
Vehicle I.D. # <b>8839</b>	License # <b>H432</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>9</b>	Length of Route (miles per day) <b>48.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>9206</b>	License # <b>H431</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Date



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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>12</b>	Length of Route (miles per day) <b>67.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7360</b>	License # <b>H434</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0522	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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Helena, MT 59620-2501

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for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>5</b>	Length of Route (miles per day) <b>67</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>7633</b>	License # <b>6125</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div>	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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Date

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School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>14</b>	Length of Route (miles per day) <b>66</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>88</b>
Vehicle I.D. # <b>6754</b>	License # <b>temp</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>17</b>	Length of Route (miles per day) <b>70</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>78</b>
Vehicle I.D. # <b>3965</b>	License # <b>H424</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>8B</b>	Length of Route (miles per day) <b>80</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>4132</b>	License # <b>H425</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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School Year 2003 - 2004

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All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>8</b>	Length of Route (miles per day) <b>76</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>4132</b>	License # <b>H425</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
		<input checked="" type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.80

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Libby K-12 Schools</b>	Legal Entity Number <b>0522</b>
Route # <b>8A</b>	Length of Route (miles per day) <b>78</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>84</b>
Vehicle I.D. # <b>4132</b>	License # <b>H425</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		
<input type="checkbox"/> Contractor Owned <b>Harlows School Bus Service</b>				

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity	Legal Entity	Legal Entity	Legal Entity
0522			
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>1</b>	Length of Route (miles per day) <b>81.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>3311</b>	License # <b>208</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

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Date

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Date



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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>3</b>	Length of Route (miles per day) <b>67.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>6126</b>	License # <b>434</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Signature - Chair, County Transportation Committee

Date





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School Year 2003 - 2004

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1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>6</b>	Length of Route (miles per day) <b>68.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>8881</b>	License # <b>300</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



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School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>2A</b>	Length of Route (miles per day) <b>66.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>65</b>
Vehicle I.D. # <b>8771</b>	License # <b>332</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>4</b>	Length of Route (miles per day) <b>48.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>1967</b>	License # <b>442</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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All Routes

**To County Supt**  
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October 15

**Rate Per Mile**  
\$1.36

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>2</b>	Length of Route (miles per day) <b>49.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>65</b>
Vehicle I.D. # <b>8771</b>	License # <b>332</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>8</b>	Length of Route (miles per day) <b>154.2</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>6125</b>	License # <b>433</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>7</b>	Length of Route (miles per day) <b>105.1</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>65</b>
Vehicle I.D. # <b>8173</b>	License # <b>401</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>5</b>	Length of Route (miles per day) <b>86.8</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>9686</b>	License # <b>162</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>6A</b>	Length of Route (miles per day) <b>85.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>8881</b>	License # <b>300</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Eureka Public Schools</b>	Legal Entity Number <b>0527 0528</b>
Route # <b>3A</b>	Length of Route (miles per day) <b>11.3</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>72</b>
Vehicle I.D. # <b>6126</b>	License # <b>434</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0527	Legal Entity 0528	Legal Entity	Legal Entity
% 62.00	% 38.00	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

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Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Fortine Elementary</b>	Legal Entity Number <b>0529</b>
Route # <b>1</b>	Length of Route (miles per day) <b>82</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>54</b>
Vehicle I.D. # <b>2652</b>	License # <b>542</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0529	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$0.95

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Fortine Elementary</b>	Legal Entity Number <b>0529</b>
Route # <b>2</b>	Length of Route (miles per day) <b>42</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>35</b>
Vehicle I.D. # <b>0826</b>	License # <b>TEMP</b>	<input type="checkbox"/> District Owned <input type="checkbox"/> Contract - If so, Name of Owner <b>Lenore Burgess</b> <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0529	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>7</b>	Length of Route (miles per day) <b>44</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>59</b>
Vehicle I.D. # <b>2147</b>	License # <b>416</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date





Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>5a</b>	Length of Route (miles per day) <b>31.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>6412</b>	License # <b>359</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees

Date

**County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.**

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>5</b>	Length of Route (miles per day) <b>31.6</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>5486</b>	License # <b>577</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Signature - Chair, Board of Trustees

Date

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Signature - Chair, County Transportation Committee

Date



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
State Reimbursement  
School Year 2003 - 2004

1 copy State Supt.  
1 copy County Supt.  
1 copy School District

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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.36

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>4a</b>	Length of Route (miles per day) <b>55.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>66</b>
Vehicle I.D. # <b>6412</b>	License # <b>359</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
Nonpublic School Riders (ineligible)			
<b>TOTAL RIDERS</b>			

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Date

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Date



Office of Public Instruction  
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PO Box 202501  
Helena, MT 59620-2501

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School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.57

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>4</b>	Length of Route (miles per day) <b>55.4</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>71</b>
Vehicle I.D. # <b>5486</b>	License # <b>577</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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<b>TOTAL RIDERS</b>			

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Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

Combined School District Application  
for Registration of School Bus &  
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School Year 2003 - 2004

1 copy State Supt.  
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**Due Dates:**  
All Routes

**To County Supt**  
October 1

**To OPI**  
October 15

**Rate Per Mile**  
\$1.15

County Name <b>Lincoln</b>		County Number <b>27</b>	District Name <b>Trego Elementary</b>	Legal Entity Number <b>0534</b>
Route # <b>8</b>	Length of Route (miles per day) <b>22</b>		Type of Service <input type="checkbox"/> Bus Route Mileage <input type="checkbox"/> Non Bus Mileage <b>Bus Route Mileage</b>	Rated Capacity <b>59</b>
Vehicle I.D. # <b>2147</b>	License # <b>416</b>	<input type="checkbox"/> District Owned <b>District Owned</b> <input type="checkbox"/> Contract - If so, Name of Owner <input type="checkbox"/> Contracted rate per mile _____		

Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!

Legal Entity 0534	Legal Entity	Legal Entity	Legal Entity
% 100.00	%	%	%

PASSENGER INFORMATION			
Number of Preschool/Kindergarten pupils riding this route	ELEMENTARY RIDERS (Grades PK-8)	HIGH SCHOOL RIDERS (Grades 9-12)	TOTAL ELIGIBLE RIDERS
	a NUMBER	b NUMBER	c a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
<b>TOTAL ELIGIBLE RIDERS</b>			
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			
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Date

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